

APPENDIX B

FORMS

Note: SF 425, SF 424A, DLA Form 1806, Form B-3 and the Listing of PTA Personnel Form appear as separate on-line documents.

Form B-1. Contingent Fee Representation And Agreement Clause

1. **Representation.** The applicant represents that, except for full-time bona fide employees working solely for the applicant, the applicant –
 - a. ☐ Has, ☐ Has not employed or retained any person or company to solicit or obtain this agreement; and
 - b. ☐ Has, ☐ Has not paid or agreed to pay to any person or company employed or retained to solicit or obtain this agreement any commission, percentage, brokerage, or other fee contingent upon or resulting from the award of this agreement.
2. **Agreement.** The applicant agrees to provide information relating to the above Representation as requested by the AGO and, when subparagraph 1a or 1b is answered affirmatively, promptly submit to the AGO, as appropriate –
 - a. A completed Standard Form (SF) 119, Statement of Contingent or Other Fees.
 - b. A signed statement indicating that the SF 119 was previously submitted to the same AGO, with the date and applicable solicitation or cooperative agreement number, and a statement that the prior SF 119 applies to this offer.

Form B-2. Certification of Non-delinquency by Applicant for Federal Assistance.

Is the applicant delinquent on any Federal debt?

☐ **NO**

☐ **YES**

If “yes”, explain below. (Examples of Federal debt include, but are not limited to, delinquent taxes, audit disallowances, overpayments, or other administrative debts.)

Sources of Program Funding

Form B-3 *Note: This form appears here for information purposes only; the actual form must be completed on-line and submitted electronically (see Section IV)*

The sum of items A., B. and C. below must equal the amount entered in block 15 g. of your Standard Form 424. Note that anticipated program income cannot be included as a source of program funding.

- A. Total of the applicant's portion of the program funding (includes both cash and in-kind contributions):

\$_____.

Of the total amount appearing in A. above, indicate the amount that is:

1. **Cash** from the applicant: \$_____.

2. **Cash** from third party sources
(identify third party sources and amount from each below):

\$_____.

<i>Third party cash source</i>	<i>Amount</i>
_____	_____
_____	_____
_____	_____
_____	_____

Additional lines will generate as needed

3. **Total in-kind contributions** from the applicant: \$_____.

<i>Description</i>	<i>Value Assigned*</i>
_____	_____
_____	_____
_____	_____
_____	_____

Additional lines will generate as needed

4. **Total in-kind contributions** from third party sources (itemize below):

\$_____.

<i>Description and source</i>	<i>Value Assigned*</i>
_____	_____
_____	_____
_____	_____
_____	_____

Additional lines will generate as needed

***Note: The dollar value assigned to all in-kind contributions shall be in accordance with the DoDGARs.**

B. Other authorized Federal funds: \$_____.

(Grants Officer may require additional documentation concerning these type funds)

C. Total DoD funds being requested by this application: \$_____.

Proposed Service Area

Form B-4

As required by Section III, paragraph B., list below the county(s) or equivalent that you intend to service. Note the requirement that if you propose to service any portion of a county or equivalent, you must service **the entire** county or equivalent. Indicate whether or not each county is a distressed area. After listing all counties that you intend to service, list separately all civil jurisdictions (see definition Section II, paragraph 5) **other than counties** that qualify as distressed areas that you intend to service. If a civil jurisdiction is part of a county and that entire county qualifies as a distressed area, you do not have to list that civil jurisdiction.

If you are proposing to service areas in more than one state, submit a separate Form for each state.

County or equivalent that you intend to service and Civil jurisdictions that qualify as distressed areas:	Distressed area (Y or N)

If additional space is required, use the continuation sheet(s), Form B-4C appearing on the next page.

Form B-4C Continuation of Listing of Proposed Service Area

If you are proposing to service areas in more than one state, submit a separate Form for each state.

County or equivalent that you intend to service and Civil jurisdictions that qualify as distressed areas:	Distressed area (Y or N)

